



Linda S. Adams
Secretary for
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State Water Resources Control Board

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Arnold Schwarzenegger
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PERMISSION TO RELEASE CONTACT INFORMATION

The Office of Operator Certification receives requests from employers seeking certified operators for vacant positions. If you so choose, we will place your name, address and certificate grade level on our printed mailing lists. If you wish to be included, please fill out and sign the form below. By doing so, you are authorizing the Office of Operator Certification to release your name, certificate grade level and address. Please mail the completed form to the address above.

Not providing a completely filled out form, including your signature, date, certificate grade and number, and your home phone number to verify your permission will prevent us from providing personal contact information to organizations seeking applicants for job openings.

Please type or print legibly.

LAST	FIRST	MI
HOME ADDRESS AND APT. NUMBER		
CITY	STATE	ZIP
HOME TELEPHONE NUMBER TO VERIFY INFORMATION ()	CERTIFICATE GRADE AND NUMBER	
I GIVE THE OFFICE OF OPERATOR CERTIFICATION MY PERMISSION TO PROVIDE CONTACT INFORMATION TO ORGANIZATIONS SEEKING APPLICANTS FOR A JOB OPENING.		
SIGNATURE	DATE	

Release of Contact Information (Rev. 7/07)

California Environmental Protection Agency



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